

DATE SUBMITTED: _____
(Must be submitted 3 working days prior to event and is subject to the Sheriff's approval)

Attachment A Law Enforcement Services Request Form

Requesting Company/Entity

Company/Entity:

Contact Person:

Phone:

E-mail:

Company/Entity Billing Address:

City, State, Zip:

Services

_____ Traffic Related Event

Include Route:

Number of Personnel Requested:

Date(s) of Service:

Time(s):

Entity/Location/Intersection/etc:

Address:

City, State, Zip:

Details/Description/Comments:

Approvals

Sheriff or Designee:

FSD Commander or Designee:

Sheriff's Billing: